| • | | | 5) | | R | ec'd PST/PT | 0 | 25 AP | R ₁ 20 05 | | | |
|--|--|---|--|-------------------|----------|--|--------|-----------------|---------------------------------|------------|---------------------|------------------------|
| | PATE | NT APPLICA | ATION FEI | E DETE | RM | INATION R | EC | ORD | Ap. | plication | on or Dockell | Number |
| | <i>:</i> | E | ffective | ember (| 3, 20 | 04 | | | | \ | 70 - | 7 |
| | | CLAIMS | AS FILED | PART | ı | ······································ | | <u> </u> | | | 325 | 24 |
| | | | (Column 1) | | | · . | | SMALL EN | ITITY . | ÓF | | THAN ENTITY |
| U.S | S. NATIONAL | STAGE FEES | Coluit | | | (Column 2) | 7 | | 7 | - Or | SWIAGE | ENTHY |
| BASIC FEE | | | 04446 | | | | 4. | RATE | FEE | | RATE | FEE |
| | | | SMALL ENT. = \$ 150 Satisfies PCT Article 33(1)- | | | GE ENT. = \$ 300 | | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | (4) = \$50/\$100 U.S. is ISA = \$60/\$100 | | | other situations = \$ 100 / \$ 200 | ŀ | EXAM. FEE | 100 | . ' | EXAM. FEE | |
| SEARCH FEE | | | ALL other co \$ 200 / 1 | untries = | | ther situations = \$ 250 / \$ 600 | i. | SEARCH FEE | 240 |] | SEARCH FEE | - |
| FEE FOR EXTRA SPEC. PGS. | | | mln | us 100 = | | / 50 = | · | X \$.125 = | | 1 | X \$ 250 = | |
| FOTAL CHARGEABLE CLAIMS | | | 53 mi | nus 20 = | • 3 | 2 | | X \$ 25 =- | 825 | OR | | |
| ND | EPENDENT CL | AIMS | 5 - " | ninus 3 = | | 2 | | X\$ 100,= | 210 | OR | X \$ 200 = | |
| NUL | .TIPLĖ DEPEN | DENT CLAIM PR | ESENT | | | | | +\$ 180 = | OU. | OR | | |
| If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | 1115 | OR | + \$ 360 = | |
| | | | | • | | | | | 1410 | 1 OK | IOIAL | L |
| | | CLAIMS AS (Column 1) | AMENDED | - PART | | (Oatum 8) | • | SMALL E | :NTITV | OR | OTHER | |
| | | CLAIMS REMAINING | 1 ., | HIGHE | ST. | (Column 3) | ſ | | ADDI- | I 1 | SMALLE | |
| AMENDMENTA | | AFTER AMENDMENT. | | PREVIO | USLY | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | ADDI- TIONAI FÉE |
| | Total | * | Minus | ** | <u> </u> | = | ŀ | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | 444 | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +\$180= | | OR | + \$ 360 = · | |
| • | • | | | | | | | TOTAL ADDIT. | | OR | TOTAL ADDIT. FEE | |
| | | (Oathware 4) | | | • | | | | · · | | 166 [| |
| | | (Column 1) CLAIMS | <u> </u> | (Colum HIGHE | ST | (Column 3) | r | | 4004 | r | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | PREVIOL PAID F | JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NO. | Total | * | Minus | ** | | = | | X \$ 25 = | | OR. | X \$ 50 = | |
| AME | Independent | * | Minus | *** | | = | | X \$ 100 = | | .OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF N | NULTIPLE DEPE | NDENT C | LAIM | | | + \$.180 = | | OR | +\$360 = | |
| | | | | | | | Ļ | TOTAL ADDIT. | | OR | TOTAL ADDIT. | · |
| | • | | | | | • | • | | · | | FEE L | |
| _ | | | ·. | | | | | | | • | | |
| 44 | If the "Highest Ni | umn 1 is less than th umber Previously Pa umber Previously Pa | id For IN THIS SP | ACF is lase | Hian 12 | " Antor "20" | | • | | | | |
| • | The "Highest Nu | mber Previously Pale | For (Total or Ind | ependent) is | the high | nest number found in | n the | appropriate box | in column 1. | | | |
| | | | | | • | | | | | | | • |

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